



## South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

### Medication Aide Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions

Address: 1000 West 4th Street, Suite 9

Yankton, SD 57078

Phone Number: 805-868-8475

Fax Number: 605-868-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org  
Verified by: \_\_\_\_\_ (SD BON)

Facility: Prairie Estates Healthcare Community

Location: Elk Point, South Dakota

Facility RN Clinical Sponsor/Instructor(s):

Tresa Nygren, RN RN; SD license # R039990; Expires: 04/12/2016

Verified by: \_\_\_\_\_ (SD BON)

Rosemary Chicoine, RN RN; SD license # R028413; Expires: 08/08/2015

Verified by: \_\_\_\_\_ (SD BON)

Nicholas Hartje, RN RN; SD license # R040301; Expires: 05/18/2015

Verified by: \_\_\_\_\_ (SD BON)

\_\_\_\_\_, RN; SD license # \_\_\_\_\_; Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verified by: \_\_\_\_\_ (SD BON)

AESS Program Instructor Signature: Gwen Maag Date: 06/06/14

Administrator/DON/ADON Signature: Cheryl Hallaway Date: 6/6/14

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>6/19/14</u>	Date Application Denied: _____
Date Approved: _____	Reason for Denial: _____
Expiration Date of Approval: <u>APRIL 2016</u>	_____
Board Representative: _____	_____
Date Notice Sent to Institution: <u>8/21/14</u>	_____

May 2014